



## District of Columbia State Innovation Model SIM Advisory Committee

**January 13, 2016**  
**2:00 p.m.- 4:00 p.m.**

Members Present: **LaQuandra S. Nesbitt, MD** (SIM Chair, Department of Health), **Christian Barrera** (Office of the Deputy Mayor of Health and Human Services), **Richard Bebout** (Green Door), Jacqueline Bowens (DC Primary Care Association), **Karen Dale, RN, MSN, CS** (AmeriHealth Caritas District of Columbia), **Angela Diop, ND** (Unity Healthcare), **Lisa Fitzpatrick, MD** (Department of Health Care Finance), **Howard Liebers** (for Stephen Taylor, Department of Insurance, Securities and Banking), **Christopher King, PhD** (Georgetown University School of Nursing and Health Studies), **Mara Krause Donohue** (Medicaid Beneficiary Representative), **Tanya Royster, MD** (Department of Behavioral Health), **Claudia Schlosberg** (Department of Health Care Finance), **Mark Weissman, MD** (Children's National Health System), **Laura Zeilinger** (Department of Human Services).

Members Present via Teleconference: **Erin Leveton** (for Laura Nuss, Department of Disability Services), **Christy Respress** (Pathways to Housing),

Members Absent: **Jonathan Blum** (CareFirst BlueCross BlueShield), **Amy Freeman** (Providence Hospital), **Maria Gomez, RN, MPH** (Mary's Center), **Rayna Smith, Esq.** (Committee on Health and Human Services), **Reverend Frank D. Tucker** (First Baptist Church), **Reverend Christine Wiley** (Covenant Church),

TOPIC	DISCUSSION
Accountable Health Communities Model	<ul style="list-style-type: none"> <li>• Summary               <ul style="list-style-type: none"> <li>➤ A new grant opportunity through CMS to address the gaps between clinical care and community services in the current health care delivery system by testing whether systematically identifying and addressing the health-related social needs of beneficiaries impacts total health care costs, improves health, and quality of care.</li> <li>➤ Over five years, CMS will implement and test a three-track model:                   <ul style="list-style-type: none"> <li>▪ Track 1 Awareness – increase beneficiary awareness of available community services through information dissemination and referral</li> <li>▪ Track 2 Assistance – Provide community service navigation services to assist high-risk beneficiaries with accessing services</li> <li>▪ Track 3 Alignment – Encourage partner alignment to ensure that community services are available and responsive to the needs of the beneficiaries.</li> </ul> </li> <li>➤ CMS will award 44 cooperative agreements ranging from \$1-4.5 million.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>➤ Initiative Goal is to identify and address beneficiaries' health-related social needs including: housing instability and quality; food security; utility needs; interpersonal violence; and transportation needs.</li> <li>➤ Letters of Interest must be submitted by February 8, 2016.at <a href="http://innovationgov.force.com/ahc">http://innovationgov.force.com/ahc</a>.</li> <li>➤ CMS will host webinars on January 21, 2 p.m-3:30 p.m. and January 27, 3 p.m. – 4:30 p.m. To register please go to <a href="https://innovation.cms.gov/resources/ahcm-appreqs.html">https://innovation.cms.gov/resources/ahcm-appreqs.html</a></li> <li>➤ Committee members were in agreement that the District should submit an application that aligns with the SIM objectives.</li> </ul>
Discussion on work group activities	<p><i>Care Delivery Work Group:</i> The Care Delivery Work Group meets twice a month and focuses on care coordination and the Health Home structure and eligibility. Eligibility conversations have focused on predictive modeling analytics and the structure of the Health Home model has considered how payment methods drive division of tasks among partnering entities. The Care Delivery Work Group and Community Linkages Work Group are strategizing on how clinical entities can partner with community service providers. Additionally, the group has discussed barriers to implementation and success including communication across organizations, streamlining care management efforts, and the many definitions of a “high-need” population.</p> <p><i>HIE Work Group:</i> The HIE Work Group has completed a survey of the health information exchanges in the District and has identified gaps in the District's HIE. The group has also strategized on how to address these gaps through linking systems together and adding functions to systems. The Work Group has also developed a care profile template. The profile is intended to summarize the patient's interactions with medical providers. This profile will include key information such as the name of the individuals care coordinator or case manager, as well as Permanent Supportive Housing status. This profile will be updated in real time and housed in a data-sharing platform.</p> <p><i>Community Linkages Work Group:</i> This Work Group has focused on the relationship between housing and health. Topics of discussion have included the impact of housing stability on an individual's ability to address health issues, the Health Homes programs in the District, and opportunities to use Medicaid funding for housing support. The Districts Health Homes 2 program intends to bring medical and PSH providers together to better coordinate a beneficiary's medical and housing/community service needs. This program is intended to have a flexible structure and funding so partnering organizations can provide care without worrying about billing mechanisms. Barriers to the Health Homes 2 program include data sharing between partners and HIPPA privacy laws.</p> <p><i>Payment Model Work Group:</i> The goal of this Work Group is to increase value by decreasing inappropriate utilization. The group is discussing strategies of payment that will change care delivery and workflow including looking at efforts in other states such as Minnesota and Oregon. The group seeks to devise strategies to move away from a fee for services payment methodology and towards fostering team-based care and incentivizing high quality transitional care. The group fielded a provider survey to solicit input on participation in value-based purchasing, alternative payment models, estimated baselines and benchmarks, key measures, and how to decrease provider reporting burden.</p> <p><i>Quality Metrics Work Group:</i> The goals of this Work Group are to streamline reporting, identify core measures, and</p>

	<p>measure quality improvement. The group has identified and cataloged measures and reporting requirements already in place for DHCF, MCOs, FQHC and HEDIS. The group has also investigated other states' SIM measures. Recommended measures are still under discussion by the group and a recommendation will be provided to the Advisory Committee in the future.</p>
Stakeholder engagement	<ul style="list-style-type: none"> <li>• The level of stakeholder engagement will increase. DHCF will begin sending weekly email updates and a monthly newsletter.</li> <li>• There will also be more activity on social media. <ul style="list-style-type: none"> <li>➤ Please like the DHCF Facebook page: <a href="https://www.facebook.com/DC-Department-of-Health-Care-Finance-DHCF-142415329158066/">https://www.facebook.com/DC-Department-of-Health-Care-Finance-DHCF-142415329158066/</a></li> <li>➤ Follow the DHCF twitter: <a href="https://twitter.com/DCHealthCareFin?ref_src=twsrc%5Egoogle%7Ctwcamp%5Eserp%7Ctwgr%5Eauthor">https://twitter.com/DCHealthCareFin?ref_src=twsrc%5Egoogle%7Ctwcamp%5Eserp%7Ctwgr%5Eauthor</a></li> </ul> </li> </ul>
Wrap Up	<ul style="list-style-type: none"> <li>○ Next meeting will be held on March 9<sup>th</sup></li> </ul>